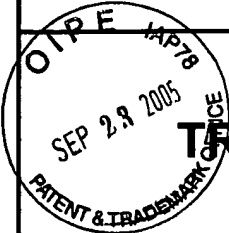
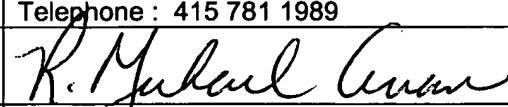


AF
JFW

 <h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="font-size: small; margin: 0;">(to be used for all correspondence after initial filing)</p>		Complete if Known	
		Application No.	10/075,136
		Filing Date	November 19, 2001
		First Named Inventor	Kenneth LARGMAN
		Examiner Name	Joseph D. Manoskey
		Group Art Unit	2113
Total Number of Pages in This Submission	16	Attorney Docket No.	A-70543-1/RMA(469217-12)
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply, 13 pages <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Extension of Time Request for _Months <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form SB/8A and () references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, No. of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address Check for \$300.00 Return receipt postcard	
		<div style="border: 1px solid black; padding: 2px; width: 100px; float: left;">Remarks</div>	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	R. Michael Ananian (Reg. No. 35,050) DORSEY & WHITNEY LLP 555 California Street, Suite 1000 San Francisco, CA 94104-1513 Telephone : 415 781 1989		Customer Number 32940
Signature			
Date	September 21, 2005		



**AMENDMENT
FEE CALCULATION
(FY 2005)**

Complete if Known

Application No.	10/075,136
Filing Date	November 19, 2001
First Named Inventor	Kenneth Largman
Group Art Unit	2113
Examiner Name	Joseph D. Manoskey
Atty. Docket Number	A-70543-1/RMA (469217-12)

Claims as Amended in Response to Office Action dated:

June 23, 2005

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed		Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
		120	60	Extension for reply within first month	
		450	225	Extension for reply within second month	
		1,020	510	Extension for reply within third month	
		1,590	795	Extension for reply within fourth month	
		2,160	1,080	Extension for reply within fifth month	
		500	250	Notice of Appeal	
		500	250	Filing a brief in support of an appeal	
		1,000	500	Request for oral hearing	
		130	65	Terminal Disclaimer Fee	
		500	250	Petition to revive – unavoidable	
		1,500	750	Petition to revive – unintentional	
		790	395	Utility/Reissue issue fee (inc. 10 advance copies)	
		130	130	Petitions to the Commissioner	
		180	180	Submission of IDS	
		790	395	Request for Continued Examination (RCE)	
		Other fee (specify):			
		Subtotal (2)			\$300.00
		Total Amount of Payment:			\$300.00

AMENDMENT FEE CALCULATION					
1. EXTRA* CLAIM FEES					
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	
Total	33	34	= 0	x .00	= \$ 0.00
Indep.	6	3	= 3	x 1.00	= \$300.00
First Presentation of Multiple Dependent Claim			x		=
Subtotal (1)					\$300.00

*Calculation of Extra Claim Fees

Large Entity Fee	Small Entity Fee	Fee Description
50	25	Claims in excess of 20
200	100	Independent claims in excess of 3
360	180	Multiple dependent Claim
200	100	Reissue independent claims over original patent
50	25	Reissue claims in excess of 20 and over original patent

Submitted by:

Name: R. Michael Ananian	Reg. No.:35,050	Telephone: 415-781-1989
DORSEY & WHITNEY LLP	555 California Street, Suite 1000 San Francisco, California 94104-1513	CUSTOMER NUMBER 32940
Signature: <i>R. Michael Ananian</i>		Date: September 21, 2005